



AHRQ Grant Final Progress Report

Title of Project: Stanford Medicine X-Health Care and Emerging Technologies

Principal Investigator: Lawrence F. Chu, MD, MS, Executive Director, Stanford Medicine X; Associate Professor of Anesthesiology, Perioperative and Pain Medicine, Stanford University School of Medicine

Organization: Stanford Medicine X

Inclusive Dates of Project: 09/01/2012 – 06/30/2015

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Stanford Medicine X — Healthcare and Emerging Technologies

Structured Abstract

Purpose: Medicine X is a four-day conference that serves to explore and promote the applications of emerging technology to medicine and healthcare, to disseminate knowledge relevant to emerging technology, and to integrate the patient voice and a patient-centric design philosophy into health care. Invitees include researchers, practitioners, patients, designers, and technologists who are stakeholders in the healthcare system. The Agency for Healthcare and Research (AHRQ) provided significant support for three conference years (2012, 2013 and 2014).

Scope: Patients have been called “the most underutilized resource” in the current healthcare system. The Stanford Medicine X conference was founded with the aim of encouraging connections and conversations between patients, physicians, researchers, and technologists. Medicine X is a catalyst for new ideas about the future of medicine and health care, with a special emphasis on the role emerging technology plays in advancing medicine and empowering patients to be active participants in their own care.

Methods: During each conference year, plenary sessions focusing on the medical applications of emerging technologies and the implementation of patient-centered care practices established the core themes of the conference. Workshops, panels, and master classes further explored these themes in small group settings. Conference guests were invited to complete a post-conference survey, in which quantitative and qualitative metrics were employed to determine the success of the conference.

Results: In 2012, 2013, and 2014, the overwhelming majority of survey respondents (>97% each year) indicated that they would be “likely” to attend a future Medicine X conference. After participating in the most recent conference, more than 94% of survey-completing attendees reported that they agreed that they had a strong understanding of health IT.

Key Words: Medicine, medical applications, emerging technology, patient-centered care, patient-centric design, patient empowerment.

Purpose: Stanford Medicine X is a health IT conference dedicated to innovation and the application of emerging technology to improve medicine and health care. The first three years of the conference (2012, 2013, 2014) benefited from generous funding by AHRQ.

The objectives of the Medicine X conference are:

1. To explore the potential of innovative technologies to improve patient care and ease the burden of disease from a patient-centered perspective, emphasizing tools that empower patients to be involved in their own care.
2. To provide a collaborative forum that promotes discovery of technology solutions through innovative, interdisciplinary research among healthcare stakeholders.
3. To disseminate knowledge relevant to major areas of emerging technology and their application to clinical medicine.
4. To integrate the patient voice and the patient-centered design philosophy into health care through the use of emerging technologies.
5. To identify those measurable outcomes that are most meaningful to patients and to advocate that researchers incorporate patient-centered design and outcomes into their research.

Scope:

Background and Context: Medicine X is a catalyst for new ideas about the future of medicine and healthcare. The initiative explores how emerging technologies might advance the practice of medicine, improve health, and empower patients to be active participants in their own care. The “X” is meant to encourage thinking beyond numbers and trends—it represents the infinite possibilities for current and future information technologies to improve health. Under the direction of Dr. Larry Chu, Associate Professor of Anesthesia, Medicine X is a project of the Stanford AIM Lab.

Where other technology conferences may focus on consumer trends or business-to-business needs, Medicine X brings a broad, academic approach to understanding emerging technologies with the potential to improve health and advance the practice of medicine. Drawing on the best traditions of Stanford University—an incubator of Silicon Valley—the conference aims to ignite interdisciplinary thinking and collaboration while encouraging a rigorous, quantitatively driven approach to understanding emerging technologies. In other words, the conference hopes to encourage “moon shot” thinking while actually offering the intellectual tools to make those ideas reality.

Participants: Over the course of three years, there has been strong and consistent interest in the conference, as evidenced by robust registration numbers. In 2012, 447 guests registered to attend the inaugural Medicine X conference. The following year, in 2013, there were 400 conference registrants. The 2014 conference was the biggest yet, with 619 registrants for the conference, who participated in four days of conference proceedings (including one full day of pre-conference events). In total, over 1,400 guests have attended Medicine X during its first three years.

In 2012, a total of 23 countries were represented, including: the United States of America, the Netherlands, Estonia, Canada, Columbia, France, the United Kingdom, Japan, Australia, Saint Kitts and Nevis, the Russian Federation, Brazil, The Czech Republic, New Zealand, Sweden, German, India, Portugal, Belgium, Denmark, Mexico, Switzerland, and South Korea.

For 2013, Medicine X hosted registrants from 14 countries, with guests representing Mexico, Canada, Great Britain, Russia, Sweden, Germany, France, Spain, Italy, Austria, the Czech Republic, Hungary, Australia, and Japan.

The 2014 conference also saw participation by an international community. Our livestream broadcast had exceptionally wide reach, drawing viewers from over 60 countries. In addition, delegates from 14 countries experienced the conference in person, representing the following nations: the United States of America, Australia, Brazil, Canada, Denmark, France, the United Kingdom, Ireland, Luxembourg, Mexico, Netherlands, New Zealand, Russia, and Sweden. In all three years, conference participants engaged with the Medicine X community as main stage speakers, panel members, workshop facilitators, and audience members.

Methods: Quantitative and qualitative metrics of quality were used to measure the success of the conference. Data was collected from attendees that allowed them to provide responses to statements on a graded scale (strongly disagree/somewhat disagree/neither agree nor disagree/somewhat agree/strongly agree, or on a 5 point Likert scale from 1: Poor – 5: Excellent) as well as provide open-ended feedback. Participants were asked to complete an online survey at the end of the conference. The survey included questions regarding demographics, post-conference opinions regarding patient-centric care, post-conference opinions regarding health IT, feedback on the quality of the venue and speakers, and suggestions for improvement. All statements in the graded questionnaire were positively framed. Therefore, we considered responses with a majority of surveyed participants marking either ‘somewhat agree’ or ‘strongly agree’ as well as a 4 or 5 on a five point Likert scale (1: Poor – 5: Excellent) to be a successful component of the conference.

Open-ended participant responses were coded for themes and analyzed. Categories in which the majority of participants did not indicate agreement were discussed as areas for improvement for subsequent meetings.

In 2012, the inaugural year for Medicine X, our event planners sought to establish the conference’s unique tone, and create an atmosphere that was both intellectually rigorous and convivial. The first-year agenda was designed with the intent of exploring some of the most compelling topics in medicine and technology. Conference planners set out to attract a community of presenters and guests who possessed two valuable qualities: expertise in their chosen field and a deep curiosity about other areas of endeavor. Medicine X 2012 kicked off with a full-day symposium on self-tracking and its applications in medicine. The conference continued to gain momentum on the following days, with keynote presentations by designer Michael Graves and venture capitalist Esther Dyson featuring among the highlights. We believe that our first-year conference program resonated with attendees: the quality of all speakers for the ‘Core Theme Days’ was rated highly, with 86% of survey-completing attendees reporting positive scores of 4 or 5.

During 2013, the second year of Medicine X, we used 2012 attendee feedback to shape our decisions about planning and improving the conference experience. One of the recurring themes that surfaced in open-ended survey responses was the physical comfort of our guests. Multiple attendees suggested that changes might be made to the main conference venue, Paul Berg Hall, in order to improve the experience of attendees. Prior to the event, the temperature of the main hall was discussed with conference venue staff to ensure a comfortable experience for attendees. In addition,

we worked with our lighting director to improve the main hall experience for guests and patients with light sensitivities.

These additional considerations during the planning stages resulted in increased satisfaction for our attendees. Over 24% of survey respondents reported dissatisfactory scores for room temperature in 2012; less than 6% of survey respondents reported dissatisfactory scores for room temperature in 2013. Likewise, over 18% of survey respondents reported dissatisfactory scores for lighting in 2012, while only 3% of survey respondents reported dissatisfactory scores for lighting in 2013.

Attendee feedback also contributed to a programmatic change for our poster presentations. In 2013, we selected a more accessible and visible location for our poster demonstrations, in order to encourage increased attendance at the poster session. While attendance at the poster presentation remained moderate, we were pleased to see that the majority of those who did view the poster presentations left with a positive impression. The number of respondents who rated their experience of the poster session as a 4 or 5 increased from 48% in 2012 to 79% in 2013. We attribute this outcome to both ease of accessibility and improved poster quality.

Our 2014 conference planning process benefited from feedback gathered during the previous two years of surveys. We sought to be responsive to suggestions that we had received from previous conference attendees, who saw opportunities for us to address important health topics that are often overlooked at major medical conferences. With that in mind, we were proud to feature a main stage discussion on the challenges facing underserved patients ("The 'No Smartphone' Patient"). We also explored the opportunities for collaboration and dialogue between patients and the pharmaceutical industry in a plenary panel ("The New Pharma"). On the basis of survey responses, we continued to adapt our seating arrangements in the main conference venue, incorporating furniture of varying height, firmness, and proximity to the stage.

As in past years, the exit survey feedback from our 2014 conference is shaping the planning process for Medicine X 2015. Suggestions from survey respondents have led us to actively seek presentations in the following areas of focus: 3D printing and medicine; aging and technology; mental health and technology; personalized medicine and genomics; and the role of design in the improvement of patient safety. As Medicine X progresses and evolves in the coming years, we will continue to draw on attendee insights throughout the planning process.

Results: Since its inception, the Medicine X conference has included a wide range of programming designed to accommodate multiple presentation formats: keynotes, workshops, panels, master classes, and oral presentations. The conference has adapted and expanded with each passing year to meet growing demand for registration and speaking opportunities.

Year	Keynotes	Workshops	Panels	Master Classes	Oral Presentations
2012	4	4	10	0	44
2013	3	6	16	10	42
2014	3	11	17	7	84

The Medicine X community consists of a diverse population of stakeholders working together to achieve ambitious goals in healthcare. The conference attracts a wide range of guests and speakers from across the country and around the world. In addition to consistently drawing a significant contingent of international attendees, the conference also has succeeded in increasing the percentage of female registrants every year.

Year	Registered Attendees	Male	Female	International
2012	447	261 (58%)	186 (42%)	51 (11.4%)
2013	400	213 (53%)	177 (47%)	42 (10.5 %)
2014	619	277 (45 %)	342 (55%)	56 (10.4%)

An exit survey was issued to conference participants at the conclusion of each conference year. In 2012, 150/447 conference registrants provided a survey response.

When asked about their post-Medicine X conference opinions regarding health IT, 71% of survey respondents (n=148) reported that they 'Strongly Agreed' and 26% of survey respondents (n=148) reported that they 'Somewhat agree' with the following statement: 'I can identify specific emerging technologies in the field of health care that I can apply to personal life or professional practice'.

Overall, 97% of survey completing attendees reported that they agreed that, following the Medicine X conference, they had a strong understanding of health IT.

When asked about their post-Medicine X conference opinions regarding patient-centered care, 73% of survey respondents (n=150) reported that they 'Strongly Agreed' and 21% of survey respondents (n=150) reported that they 'Somewhat agree' with the following statement: 'I have a clear understanding of what is patient-centric care'. Overall 96% of survey completing attendees reported that they agreed that following the Medicine X conference they had a strong understanding of patient-centered care. 97% of survey responders (n=147) marked that they were 'somewhat likely', 'likely', 'very likely', or 'extremely likely' to attend a future Medicine X conference. Only 3% of conference attendees said that they were 'unlikely' to attend the 2013 Stanford Medicine X conference.

In 2013, 116/400 conference registrants provided a survey response.

When asked about their post-conference perception of health IT, 56% of survey respondents (n=116) reported that they 'Strongly agree' and 35% of survey respondents (n=116) reported that they 'Somewhat agree' with the statement, "I can identify emerging technologies in healthcare that I can utilize in my personal life or professional practice." More than 97% of survey-completing attendees reported that they agreed that they had a strong understanding of health IT following the Medicine X conference.

When asked about their post-conference perception of patient-centered care, 76% of survey respondents (n=116) reported that they 'Strongly agree' and 22% of survey respondents (n=116) reported that they 'Somewhat agree' with the following statement, "I clearly understand the concept of patient-centered care." Over 90% of survey respondents

(n=116) strongly agreed that patient-centered care is a valuable component of a successful healthcare system following the Medicine X conference.

99% of survey responders (n=100) indicated that they are ‘somewhat likely’, ‘likely’, ‘very likely’, or ‘extremely likely’ to attend a future Medicine X conference. Only one respondent said that they are ‘unlikely’ to attend the future Medicine X conferences.

In 2014, 94/619 conference registrants provided a survey response. We believe that this lower response rate is attributable to the fact that we did not incentivize survey participation (i.e., by entering survey respondents into a prize drawing), as had been the case in previous years.

When asked about their post-Medicine X conference opinions regarding health IT, 50% of survey respondents (n=94) reported that they ‘Strongly Agreed’ and 33% of survey respondents (n=94) reported that they ‘Somewhat agree’ with the following statement: ‘I can identify emerging technologies in the field of health care that I can utilize in my personal life or professional practice’. More than 94% of survey-completing attendees reported that they agreed that, following the Medicine X conference, they had a strong understanding of health IT.

When asked about their post-conference perceptions of patient-centered care, 77% of survey respondents (n=94) reported that they ‘Strongly Agreed’ and 21% of survey respondents (n=94) reported that they ‘Somewhat agree’ with the following statement: ‘I clearly understand the concept of patient-centric care’. Overall 88% of survey respondents (n=94) strongly agreed that patient-centered care is a valuable component of a successful healthcare system following the Medicine X conference.

99% of survey responders (n=94) marked that they were ‘somewhat likely’, ‘likely’, ‘very likely’, or ‘extremely likely’ to attend a future Medicine X conference. Only one respondent said that they were ‘unlikely’ to attend a future Medicine X conference.

In all three years, characteristics of the conference that were highly regarded in survey responses included: overall quality of conference proceedings—including the breadth and depth of themes and presentations, the promotion of new ideas, and an abundance of opportunities to connect and exchange ideas with healthcare stakeholders from diverse backgrounds.

List of Publications and Products (2012 - 2014):

Publishing the best submissions to the Stanford Medicine X conference is an ongoing objective. To date, three manuscripts have been published in the journal PLoS ONE. Two manuscripts from the 2012 conference were published in 2013; one manuscript from the 2013 conference was published in 2014. Two additional manuscripts from the 2014 conference are currently under review.

Author	Manuscript Title	Editorial Status
Trevor van Mierlo	Targeting medication non-adherence behavior in immunology: a systematic approach to digital health program development	Academic Editor Invited
Lauren Marie Aquino Shluzas	Hands-free image capture, data tagging and transfer using Google Glass: a pilot study for improved wound care management	Under review
Trevor van Mierlo	I'll Txt U if I Have a Problem: How the Société Canadienne du Cancer in Quebec Applied Behavior-Change Theory, Data Mining and Agile Software Development to Help Young Adults Quit Smoking	Published (2014)
Sean Young	The relationship between online social networking and sexual risk behaviors among men who have sex with men (MSM)	Published (2013)
Abby King	Harnessing Different Motivational Frames via Mobile Phones to Promote Daily Physical Activity and Reduce Sedentary Behavior in Aging Adults	Published (2013)

Citations:

van Mierlo T, Fournier R, Jean-Charles A, Hovington J, Ethier I, et al. (2014) I'll Txt U if I Have a Problem: How the Société Canadienne du Cancer in Quebec Applied Behavior-Change Theory, Data Mining and Agile Software Development to Help Young Adults Quit Smoking. PLoS ONE 9(3): e91832. doi:10.1371/journal.pone.0091832

Young SD, Szekeres G, Coates T (2013) The Relationship between Online Social Networking and Sexual Risk Behaviors among Men Who Have Sex with Men (MSM). PLoS ONE 8(5): e62271. doi:10.1371/journal.pone.0062271

King AC, Hekler EB, Grieco LA, Winter SJ, Sheats JL, et al. (2013) Harnessing Different Motivational Frames via Mobile Phones to Promote Daily Physical Activity and Reduce Sedentary Behavior in Aging Adults. PLoS ONE 8(4): e62613. doi:10.1371/journal.pone.0062613

Appendix 1: Conference Agendas At A Glance (2012 – 2014)

2012 Conference (September 28 -30, 2012)

Full Online Schedule: <http://medicinex.stanford.edu/final-schedule-2/>

Friday, September 28, 2012

- Opening Keynote Address – What is the future of self-tracking?
- Poster Viewing
- Part 1: Meet the Self-Trackers. Why do they self-track?
- Part 2: How do we spread opportunities for personal health self-tracking?
- Part 3: How can groups self-track together? Leveraging the power of groups
- Hands-on learning about self-tracking devices and applications
- Part 4: Devices and applications for self-tracking
- Part 5: Self-trackers on self-tracking: Ignite Talks
- Closing Keynote Address – Know Thyself

Saturday, September 29, 2012

- Keynote Address – Redesigning the Hospital Room
- Poster Viewing
- Core Theme 1: Emerging Technologies and the Future
- Core Theme 2: The Networked Patient
- Core Theme 3: mHealth and Gamification
- Core Theme 4: Design Thinking
- Breakout Theme 1: Mobile-Based Medical Education and Learning
- Breakout Theme 2: Ethical and Legal Issues
- Breakout Theme 3: Workshop presentation on design thinking
- Breakout Theme 4: Social Media Analytics
- Breakout Theme 5: Health Info on the Web
- Breakout Theme 6: Doctor 2.0 – Business Track
- Breakout Theme 7: Workshop Presentation – Health, Technology, and Design
- Breakout Theme 8: PCORI Panel – Bringing the Patient Voice to Research
- Demo Interactive Presentations
- e-Patient speakers
- Startup Presentations

Sunday, September 30, 2012

- Keynote Address – A conversation with Esther Dyson: Health Startups
- Poster Viewing
- Core Theme 5: The New Scientist.
- Core Theme 6: The Curators.
- eHealth Update from Europe.

- eHealth Update from Asia.
- Breakout Theme 8: mHealth, Smartphone, and tablet applications.
- Breakout Theme 9: Nature and Dynamics of Social Networks.
- Breakout Theme 10: Participatory Health.
- Breakout Theme 11: Mobile Approaches for Behavior Change and Health Promotion.
- Breakout Theme 12: Paging Dr. Google – Business Track.
- Breakout Theme 13: Workshop Presentation – Social Media
- Startup Presentations.
- ePatient Speakers.
- IDEO Design Challenge Presentation.

2013 Conference (September 27 -29, 2013)

Full Online Schedule: <http://medicinex.stanford.edu/2013-schedule/>

Friday, September 27, 2013

- Opening Keynote Address: The Evolving Role of the Engaged Patient
- Patient neXt Part 1: The New Patient
- Patient neXt Part 2: The Interconnected Lives of Patients and Doctors
- Patient neXt Part 3: The Self-Tracking Patient
- Patient neXt Part 4: Involving Patients in Research
- Patient neXt Part 5: #whatifHC
- Device and App Demonstration

Saturday, September 28, 2013

- Keynote Address: Jack Andraka
- Core Theme 1: Social Media Strategies for Healthcare
- Core Theme 2: Delivering Patient-Centered Care Using Health IT: Experiences from AHRQ-Funded Projects
- Core Theme 3: Funding Opportunities in Digital Health
- Plenary Hall Panel: Health Data in Context
- Breakout Session 1: Ethics, Privacy, and Quality Monitoring
- Breakout Session 2: The Patient-Physician Relationship
- Breakout Session 3: Patient Empowerment
- Breakout Session 4: Virtual Communities in Healthcare
- Breakout Session 5: Mobile Health Apps and Public Health
- Breakout Session 6: Medical Entrepreneurship
- Poster Presentations
- ePatient Presentations
- Workshops and Masterclasses

Sunday, September 29, 2013

- Startup Presentation
- International Updates
- Plenary Hall Panel: Closing Perception Gaps Between Patients and Caregivers
- IDEO Design Challenge Presentation
- Core Theme 4: Organic Data
- Core Theme 5: Design Thinking
- Breakout Session 7: Business and Emerging Technologies of Healthcare
- Breakout Session 8: mHealth Apps and Patient Empowerment

2014 Conference (September 5 -7, 2014)

Full Online Schedule: <http://medicinex.stanford.edu/2014-schedule/>

Friday, September 5, 2014

- Opening Keynote Address: Interpersonal Connection, Self-Awareness and Well-Being: The Art and Science of Integration in the Promotion of Health
- Part 1: The New Team
- Part 2: The New Pharma
- Part 3: Patient with Chronic Illness – The New Self-Tracker?
- Part 4: The “No Smartphone” Patient
- Masterclasses
- Device and App Demonstrations
- Technology Hub Demonstrations
- 3D Printing Presentations
- Closing Keynote Address: Days of a Giant: Advice from My Father’s Medical Career

Saturday, September 6, 2014

- Keynote Address: Harnessing Data to Better Involve Patients
- Core Theme 1: Social Media, Games, and Wearables
- Core Theme 2: Medical Education
- Plenary Hall Panel: Designing and implementing innovations for underserved populations
- Plenary Hall Panel: Fostering digital citizenship in the medical school curriculum – a look at four innovative programs
- Plenary Hall Panel: Emerging trends in patient safety: The role of new technologies and empowered patients
- Plenary Hall Panel: Depression in chronic illness and coping through online communities
- Breakout Session 1: Motivation and Buy-In
- Breakout Session 2: Digital Information: Risks and Rewards
- Breakout Session 3: Data Analysis and Systems
- Breakout Session 4: Inclusion: Removing Barriers
- Breakout Session 5: Patient Engagement in Online Communities

- Breakout Session 6: Improving Doctor-Patient Communication: A Two-way Street
- Breakout Session 7: Digital Health Programs
- Breakout Session 8: eHealth and Personal Health Records
- Breakout Session 9: Patient Engagement
- Technology Hub Demonstrations
- 3D Printing Presentations
- ePatient Presentations
- Poster Presentations
- Workshops and Masterclasses

Sunday, September 7, 2014

- International Updates
- Plenary Hall Panel: Communicating the experience of illness in the digital age: Reaching beyond the Keller/Adams controversy
- Core Theme 3: Drivers of Innovation in Healthcare
- Core Theme 4: Compelling Perspectives
- Breakout Session 10: The Future in Healthcare
- Breakout Session 11: Health and Human Behavior
- Breakout Session 12: Innovative Solutions to Specific Health Care Needs
- Breakout Session 13: Social Media
- Breakout Session 14: Empathy
- Workshops and Masterclasses
- Startup Presentations
- ePatient and Student Presentations
- IDEO Design Challenge Presentation
- Special Vocal Performance: Marvin Calderon, Jr.

Appendix 2: Medicine X Conference Exit Survey

Dear Medicine X Guest,

We are conducting a short survey about your experience at Medicine X 2014.

Would you kindly take a few moments to complete this short survey?

Thanks so much!

Sincerely,

Larry Chu, MD, MS
Executive Director

***1. What is your name?**

***2. Please select the options below (you may choose more than one) that best describe you.**

- ePatient
- Healthcare professional
- Technologist/Entrepreneur
- Researcher
- Designer
- Student

Other (please specify)

***3. Which days did you attend Medicine X 2014?**

- Thursday, September 4, 2014 (Pre-conference)
- Friday, September 5, 2014
- Saturday, September 6, 2014
- Sunday September 7, 2014

***4. What was the most memorable moment from your experience at Medicine X 2014?**

***5. After attending Medicine X 2014, do you agree or disagree with the following statements about patient-centered care?**

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Not applicable
I clearly understand the concept of patient-centered care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that patient-centered care is a valuable component of a successful healthcare system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe patient-centered care is achievable within today's healthcare system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that patients should represent themselves at medical conferences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am currently engaged in patient centered care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

***6. After attending Medicine X 2014, do you agree or disagree with the following statements regarding emerging technologies?**

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Not applicable
I know about emerging technologies being used to improve healthcare.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can identify emerging technologies in healthcare that I can utilize in my personal life or professional practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know of specific ways that I can easily integrate emerging technologies into my life or work to improve my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

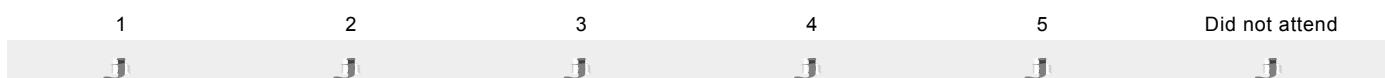
Other (please specify)

***7. If you attended, please rate the Friday morning keynote of Daniel Siegel. (1. Poor - 5: Excellent)**



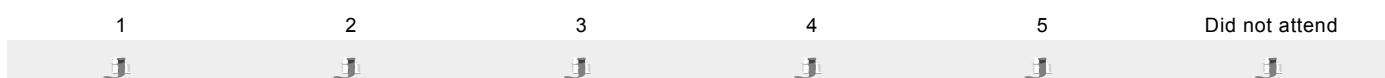
Other (please specify) _____

***8. If you attended, please rate the overall quality of "Part 1: The New Team" panel presentation on Friday. (1: Poor - 5: Excellent)**



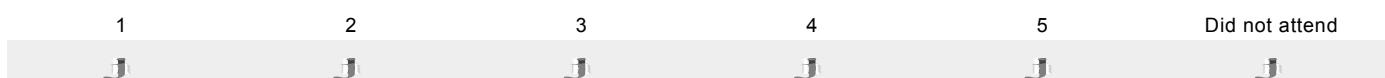
Other (please specify) _____

***9. If you attended, please rate the overall quality of "Part 2: The New Pharma" panel presentation on Friday. (1: Poor - 5: Excellent)**



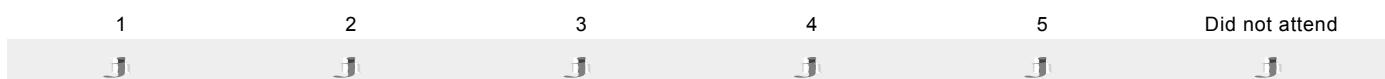
Other (please specify) _____

***10. If you attended, please rate the overall quality of "Part 3: Patient with Chronic Illness - The New Self-Tracker?" panel presentation on Friday (1: Poor - 5: Excellent)**



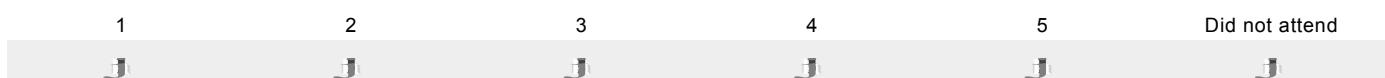
Other (please specify) _____

***11. If you attended, please rate the overall quality of "Part 4: The 'No Smartphone' Patient" panel presentation on Friday. (1: Poor - 5: Excellent)**



Other (please specify) _____

***12. If you attended, please rate the Friday closing keynote presentation by Barron Lerner (1: Poor - 5: Excellent)**



Other (please specify) _____

***13. If you attended, please rate the Saturday morning keynote presentation by Charles Ornstein. (1: Poor - 5: Excellent)**

1	2	3	4	5	Did not attend
<input type="radio"/>					

Other (please specify)

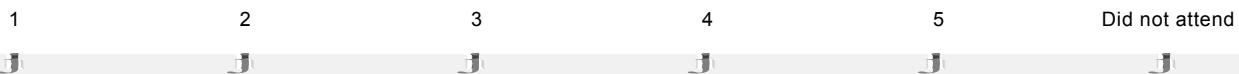
***14. What was your overall impression of the "Team neXt" presentations? What aspects should we focus and expand upon in future conferences?**

***15. If you attended, please rate the quality of the Welcome Cocktail Reception on Saturday evening. (1: Poor - 5: Excellent)**



Please elaborate on your experience below:

***16. If you visited the poster display, please rate the quality of the poster presentations (1: Poor - 5: Excellent)**



Other (please specify)

***17. If you visited the Technology Hub, please rate the quality of the demonstrations (1: Poor - 5: Excellent)**



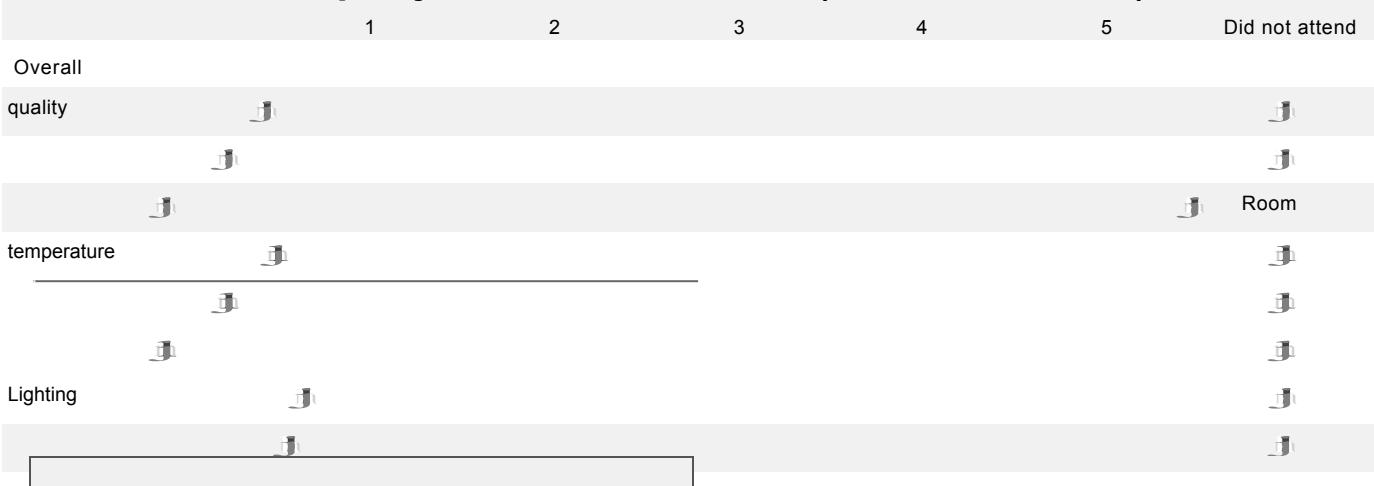
Other (please specify)

***18. If you attended the Device Demo Session on Friday, please rate the quality of the event. (1: Poor - 5: Excellent)**



Please elaborate on your experience below:

***19. Please rate the quality of the conference venue. (1: Poor - 5: Excellent)**



***21. Please rate your satisfaction with the staff and volunteers at Medicine X 2014:**

	Strongly Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Strongly Dissatisfied	Not Applicable
Friendliness of the staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Politeness of the staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Competency of the staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helpfulness of the staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receiving a warm and sincere greeting to the conference	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff greeting you by name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff showing genuine care for you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability of the staff to anticipate your needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability of the staff to follow through with requests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<hr/>					

***22. Please share your thoughts about the catered meals at Medicine X 2014.**

5

6

***23. Please rate the quality of the catered meals on a scale of 1-5. (1: Poor - 5: Excellent)**

	1	2	3	4	5	Did not attend
Breakfast, Friday	<input type="radio"/>					
Lunch, Friday	<input type="radio"/>					
Breakfast, Saturday	<input type="radio"/>					
Lunch, Saturday	<input type="radio"/>					
Breakfast, Sunday	<input type="radio"/>					
Lunch, Sunday	<input type="radio"/>					
Coffee breaks	<input type="radio"/>					

Other (please specify)

***24. What will you take away from this conference (e.g., new ideas or contacts)?**

***25. What would you change for the next conference?**

6

***26. Please rate the overall price value of Medicine X 2014. (1: Poor - 5: Excellent)**

1

2

3

4

5



Other (please specify)

***27. How likely are you to attend a future Medicine X conference?**

Not at all likely

Somewhat likely

Likely

Very likely

Extremely likely

Other (please specify)

28. Is there anything else you would like to tell us about your experience at Medicine X 2014? We would like to know so we can make your experience even better next year!

